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Bib Data Sheet

CONFIRMATION NO. 8805

|   |   |                                  |   |                                      |
|---|---|----------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>09/810,609  | <b>FILING DATE</b><br>03/19/2001<br><b>RULE</b>   | <b>CLASS</b><br>345              | <b>GROUP ART UNIT</b><br>2671   | <b>ATTORNEY DOCKET NO.</b><br>108841 |
| <b>APPLICANTS</b><br>Kunihiro Yamada, Okazaki, JAPAN;<br>Takanori Kaji, Okazaki, JAPAN;<br>Yumi Shibata, Okazaki, JAPAN;<br>Hiroyoshi Masuda, Okazaki, JAPAN;   |   |                                  |   |                                      |
| <b>** CONTINUING DATA *****</b> <i>nm km</i>  |   |                                  |   |                                      |
| <b>** FOREIGN APPLICATIONS *****</b> <i>Yes km</i><br>JAPAN 2000-77880 03/21/2000   |   |                                  |   |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/25/2001</b>  |   |                                  |   |                                      |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>km</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>17            |
|   |   |                                  |   | <b>INDEPENDENT CLAIMS</b><br>3       |
| <b>ADDRESS</b><br>25944   |   |                                  |   |                                      |
| <b>TITLE</b><br>Map display device, a memory medium and a map display method  |   |                                  |   |                                      |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |